

How To Apply Online For Medicare Only



It takes less than 10 minutes! Just go to www.socialsecurity.gov

1. Welcome to the Social Security Benefit Application

- Start your application by clicking on Apply for Benefits; or
- Continue completing an application you already started.

2. Information About You

- Name;
- Social Security number;
- Gender; and
- Date of birth.

3. Application Number

When you have successfully started your application, you will get an application number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.

Initial Information Section (Page 4 of 4)
Medicare Election Information for Joan Public

Do you wish to file for Medicare Only, excluding monthly retirement cash benefits at this time? [Things to Consider](#)

☒ Yes ☐ No

Are you already enrolled in Medicare under a social security number other than your own? [More Info](#)

☐ Yes ☐ No

4. Medicare-only Decision

- Applying for Medicare; and
- Enrolling in Part B.

Benefit Information Section (Page 1 of 2)
Health Insurance Information for Joan Public

Medicare Coverage

Do you want to enroll in Medicare Part B? [More Info](#)

☐ Yes ☐ No

Other Health Insurance Coverage

Are you receiving Medicaid (state health insurance)? [More Info](#)

☐ Yes ☐ No

[\[Sign Off \(finish this later\)\]](#) [\[<< \[P\]previous\]](#) [\[N\]next >>\]](#)

5. Questions About Your Health Benefits

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.

Benefit Information Section (Page 3 of 3)
Group Health Insurance Information for Joan Public

Is Joan Public covered under a Group Health Plan? [More Info](#)

☒ Yes ☐ No

Is Joan Public covered under a Group Health Plan through her own employment?

☒ Yes ☐ No

Employment Information

The questions below apply to the employment that provides your group health insurance.

What date did employment start? [More Info](#)

Month: Day: Year:

What date did employment end? [More Info](#)

Month: Day: Year:

☐ Not Ended

Health Insurance Coverage

What date did health insurance start? [More Info](#)

Month: Year:

What date did health insurance end? [More Info](#)

Month: Year:

☐ Not Ended

[\[Sign Off \(finish this later\)\]](#) [\[<< \[P\]previous\]](#) [\[N\]next >>\]](#)

6. Finishing Your Application

- Go over a summary of your application for accuracy;
- Sign your application by selecting the "Sign Now" button;
- Get a receipt for your application; and
- Get information on what to do next.

Send this application Section (Page 1 of 1)
Send this application for Joan Public

To return to the Overall Summary, please use the "Return to Summary" button.

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. If you are helping someone to complete the application, then that person needs to read and accept the statements.

I understand and agree that my application will be signed electronically by selecting "Sign Now" below. I also understand that my electronic signature means that I intend to file for benefits and have provided the Social Security Administration with accurate information. I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

When you select "Sign Now", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

[\[Return to Summary\]](#) [\[<< \[P\]previous\]](#) [\[Sign Now\]](#)

[\[Sign Off \(finish this later\)\]](#) [\[<< \[P\]previous\]](#) [\[Sign Now\]](#)



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